Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

Vision, Mission, and Principles

Vision: A seamless, integrated system of care.

Children with special health care needs and their families access services through a seamless, integrated system of care.

The System of Care includes all aspects of the child's and family's life as appropriate to the strengths and needs of the child and family. Components of the System of Care include:

1. Education,
2. Health Care – physical and behavioral health,
3. Developmental Services,
4. Oral Health,
5. Communication,
6. Transportation,
7. Juvenile Justice, and
8. Social Services.

Mission of the Task Force: One System – Many Partners

To enhance the service delivery system for children with special health care needs and their families through a partnership approach to identifying needs, designing and implementing system change building on existing efforts, and evaluating the outcomes achieved through an integrated screening and care coordination pilot study.

Guiding Principles:

Decisions regarding integrated services must be consistent with the following guiding principles.

Children and families have access to a system of care that:

- Provides timely services sensitive to the needs of families,
- Makes services easily accessible and available - Equalizing access while ensuring quality,
- Affordable services,
- Family centered and family directed processes and services,
- A focus on prevention,
- Respectful interactions, and
- Individualized, flexible, friendly, and responsive to the needs of families.

The System of Care is:

- Accountable,
- Proactive,
- Equitable for all,
- Synergistic,
- Collaborative across systems,
- Built on private / public partnerships, and
- Culturally competent

Outcomes Desired from an Integrated System of Care

Children and Youth:

1. Achieve improved outcomes.
2. Participate in the same activities as children without special health care needs.
3. Access services from one setting; i.e. children do not have to go to different places to get services.
4. Have easy and effective transition to adult services and the community.
5. Have access to a variety of choices and supports as part of the system.

Families

1. Are the lead decision maker and are in control of the processes and decisions.

- Families self-direct treatment and service decisions.
- Have the resources and can buy what they need.
- Have the authority to buy what they need.
- Know what services cos.t

2. Have access to comprehensive, family-friendly, culturally appropriate, quality information to make informed choices.
3. Are full partners in supporting the transition of their child from pediatric to adult care – families are respected throughout the process and acknowledged as the source of information and guidance in acting in the best interest of their adult child.
4. Have access to a variety of different strategies and perspectives:
    - Have a safe place to say – I need some help.
    - Have somewhat of a normal family life – have time available for other things.
5. Have access to services and supports beyond the child's special health care needs – specific to the needs of the family; for example, parents have access to therapy for themselves and siblings.
6. Access and complete an application for multiple programs through a web-based integrated process.

The System of Care – One seamless continuum of services and supports that:

Enhances the capabilities of children and their families through a family-oriented approach encompassing all systems – not just health care.

1. Uses technological advances to improve services and achieve better outcomes:
    - Provides each child with a computerized record (available to the child/family on disk).
    - Provides an automated application process that includes multiple services.
    - All using the same database that is adequately protected for confidentiality.
2. Is creative and innovative in achieving full, flexible funding:
    - Incentives exist that facilitate easy access to affordable, appropriate care reallocates resources anywhere in the state.
    - Ensures that providers are adequately reimbursed.
    - Removes funding silos by blending, pooling of funds to better meet the needs of families and communities.
3. Has qualified, trained people to work in the families environment with family as the lead.
4. Is culturally appropriate and provides services in the language of the family and that is responsive to the culture of the family.

5. Is truly family driven:
    - Starts with the positives and strengths of the family and builds from there.
6. Uses the same definitions regardless of entry point and services being accessed - Systems use the same broad definitions.
7. Is comprehensive:
    - Provides selection from and access to multiple providers.
    - Provides access to services for the child as well as the family.
    - Provides credible resources for families with special needs.
    - Has a focus on wellness.
8. Is collaborative – provides one system that is family-oriented, community-centered, and seamless.
    - Talking to each other, coordinating with each other, knowing the programs, capabilities and people (relationships) within each component of the system of care.
    - Systematically removes barriers to access to care.
    - Service systems communicate about their programs with other services systems and personally help families access support services as needed from other agencies / organizations.
    - Includes heightened awareness and knowledge of other services across system components.
    - Includes communication to the point of seamlessly looking like a single system.
    - Opens doors for families –welcoming to all families.
    - Families access a “real” person, not an automated voice
    - Integrates human services system – recognize families need support up front / prevention.
    - The child welfare system is involved to address potential for abuse / neglect when families are not involved, etc.
9. Is accountable - measures of improvement in overall health status as well as measurements in other system components:
    - Measure access to PCPs and establish a baseline for EPSDT.